

Therapeutic Strategies for Liver Abscess

Jie Zhang^{1,2}, Chao Jun Kong¹, Zhong Jia^{2*}, Liang Liang Fang¹

¹Hangzhou First People's Hospital, Nanjing Medical University Affiliated Hangzhou Hospital, Hangzhou 310006, China

^{2*}Department of Hepatopancreatobiliary Surgery, Hangzhou First People's Hospital, Hangzhou Huansha Road 261, City of Hangzhou 310006, Zhejiang Province, China

Accepted on March 20, 2018

Clinical Image

This is the case of a 36-year-old man suffered from high body temperature and subcostal pain, with leukocytosis, elevated C-reactin protein and pro-calcitonin. Further enhanced-computed tomography of abdomen (Figure 1) suggested the diagnosis of liver abscess. The optimal treatment option had better abide by step-up approach as follows: Besides effective broad-spectrum antibiotics, minimally invasive procedures, including earlier ultrasound-guided percutaneous catheter puncture/drainage and/or nasobiliary drainage via ERCP route have been worldwide applied first. But when and if all of these

are inadequate or chronic liver abscesses with thick wall or intrahepatic stone disease co-existing or liver atrophy emerging and other special situations, surgical liver resection still remains its value. In practice, its potential etiology should be removal. Of note, if liver abscess is not so "ripe" to promise effective drainage, decompression of a "raw" actually also contributes to activate general condition. Liver abscess was completely disappearing after patient received percutaneous catheter drainage combined with antibiotic and appendectomy later. On review, three month after discharge, the patient recovered with no evidence of recurrence.

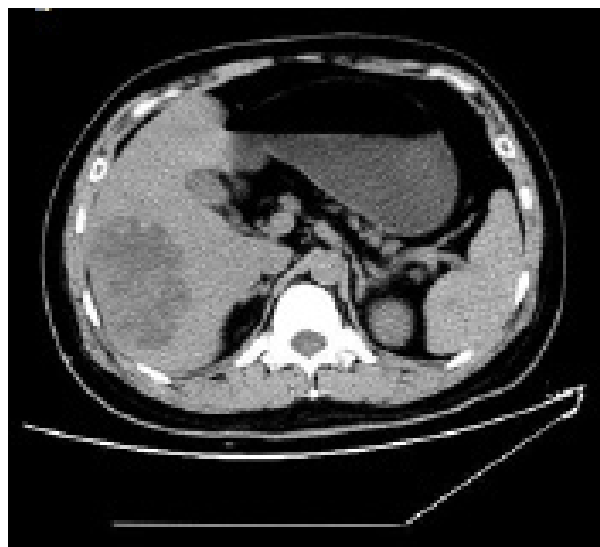


Figure 1. Enhanced-computed tomography of abdomen

*Correspondence to:

Zhong Jia
Department of Hepatopancreatobiliary Surgery
Hangzhou First People's Hospital
Hangzhou Huansha Road 261
City of Hangzhou 310006
Zhejiang Province
China
Tel: + 86-13958114181;
Fax: + 86-0571-87914773
E-mail: jiazhong20058@hotmail.com